

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 06/14/2004		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 06/15/2004					
		FINANCIAL PAYER: NCDMM					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8599	400	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		143	203	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	30	708	5119 4411
		8526	46	CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO			
3404902	BLUE RIDGE COMM UNITY	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0 0
3404904	WESTERN HIGHLAN DS LME	143	1	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE			
		0	0		0	1	1 0
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0 0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0 0
3404910	PATHWAYS	8599	496	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8505	330	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	188	1791	6901 5110
		27	217	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB			
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	307	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8931	166	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	235	628	6928 6300
		8599	60	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404913	MECKLENBURG COM ENTAL HEALT	8935	4466	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
		120	2044	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	5609	10556	10556 0
		23	1066	SERVICE REQUIRES PRIOR APPROVA L			
3404916	CROSSROADS BEHA VIOAL HEAL	8000	10	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL			
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	2	16	16 0
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM AN SERVICES	27	1537	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
		8935	169	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	295	2178	2178	0
		11	149	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	491	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	29	783	1324	541
		8502	104	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	2078	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	408	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	104	3003	12173	9170
		8599	182	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	191	31	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8935	8	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	9	40	40	0
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
3404921	ORANGE PERSON C HATHAM AREA	8505	1875	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	628	DUPLICATE OF CLAIM-SYSTEM	70	3586	7240	3069
		8599	429	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404923	VGFW AREA AUTHO RITY	21	478	DUPLICATE OF CLAIM-SYSTEM				
		8505	310	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	6	958	5473	4515
		8599	81	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	2017	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	614	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	116	2951	5721	2770
		8800	73	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404926	SOUTHEASTERN RE G MENTAL HL	8505	17255	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	1524	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3030	25006	28132	3126
		8931	1415	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404927	CUMBERLAND CO M HC	8505	773	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	87	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1056	2223	1162
		8800	79	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	8505	7274	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	70	DUPLICATE OF CLAIM-SYSTEM	8	7478	8600	1122
		8599	64	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	2148	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	162	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2311	2400	89
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404931	WAKE CO HUM SVC BILLING OF	8505	1535	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	352	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	218	2600	6073	3386
		11	136	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404932	RANDOLPH/SANDHI LLS CO MH C	8505	1612	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	478	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	25	2486	3281	795
		8526	225	CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	3018	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	285	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	24	3584	4154	570
		11	103	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404934	ONSLow COUNTY B EHAVIORAL H	11	25	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	1	33	33	0
		537	1	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8931	36	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8000	30	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	46	116	3113	2997
		5404	15	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404937	EDGEcombe NASH MNTL HLTH C	8505	1315	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	1019	DUPLICATE OF CLAIM-SYSTEM	23	2608	4633	2025
		8599	133	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	RIVERSTONE MENT AL HEALTH C	143	163	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		8931	162	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	199	649	649	0
		8000	118	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	344	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8526	169	CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO	13	1195	5765	4570
		8505	162	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404941	PITT CO MH/DD/S AS CENTER	143	101	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		8935	76	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	101	339	339	0
		120	66	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404942	ROANOKE CHOWANH UMAN SERVIC	8505	781	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	10	923	3954	3031
		143	39	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				

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3404943	ALBEMARLE MENTAL HEALTH CE	8505	1712	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
		8800	213	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	78	2220	4200 1980
		8599	115	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404944	EASTPOINTE HUMAN SERVICES	8505	2342	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
		8800	256	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	120	2994	4228 1230
		120	134	CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM			
3404946	FOOTHILLS AREA MENTAL HEALTH	8931	440	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.			
		143	197	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	565	1067	1067 0
		191	160	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME			
3404957	TIDELAND MENTAL HEALTH CTR	8505	3000	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
		8800	133	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	31	3221	3586 365
		8599	28	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404959	DAVIDSON COMMUNITY MENTAL HEALTH CT	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0 0
3404979	NEW RIVER AREA MENTAL HEALTH/SA PRO	8505	935	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
		8599	316	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	259	1809	4787 2978
		8931	207	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.			